2007 R	etiree Health	Plan Rate	Гable	
	RETIREES NOT ENROLLED IN MEDICARE			MEDICARE
	PPO PLANS		HEALTH MAINTENANCE PLANS	
RETIREE	Premier	Premier	Kaiser	CIGNA
ENROLLMENT STATUS	Wellwise	Sharewell	Health	Health
	Plan	Plan	Plan	Plan
RETIREE ONLY	\$662.77	\$214.98	\$314.02	\$356.04
RETIREE W/1 DEPENDENT	\$1,167.25	\$353.08	\$628.04	\$703.72
RETIREE W/2 OR MORE DEPENDENTS	\$1,638.43	\$455.95	\$888.70	\$979.16
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	RETIREES ENROLLED IN MEDICARE			
RETIREE	Premier	Premier	Kaiser	CIGNA
ENROLLMENT STATUS	Wellwise	Sharewell	Health	Health
	Plan	Plan	Plan	Plan
RETIREE ONLY Part B ONLY	\$473.86	\$158.96	\$262.56	\$277.72
RETIREE ONLY Part A & B	\$320.36	\$93.51	\$211.09	\$234.99
RETIREE W/1 DEPENDENT				
ONE W/ MEDICARE Part B ONLY	\$978.36	\$297.06	\$576.58	\$647.43
ONE W/ MEDICARE Part A & B	\$824.85	\$231.61	\$525.11	\$636.46
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TWO W/ MEDICARE Part B ONLY	\$789.45	\$241.03	\$525.12	\$548.90
TWO W/ MEDICARE Part A & B	\$482.45	\$110.13	\$422.18	\$471.49
RETIREE W/2 OR MORE DEPENDENTS				
	¢1 //0 F/	\$300 03	¢027 24	¢020.42
ONE W/MEDICARE Part B ONLY	\$1,449.54 \$1,296.03	\$399.93 \$334.48	\$837.24 \$785.77	\$920.43 \$910.62
ONE W/MEDICARE Part B ONLY	\$1,449.54 \$1,296.03	\$399.93 \$334.48	\$837.24 \$785.77	\$920.43 \$910.62
ONE W/MEDICARE Part B ONLY ONE W/MEDICARE Part A & B  TWO W/ MEDICARE Part B ONLY				-

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2007 is \$16.67 per month for each year of County Service to a maximum of 25 years.